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## BIB DATA SHEET

CONFIRMATION NO. 1975

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/541,592	07/07/2005 RULE	607	3762	4017-32

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/EP04/00724 01/28/2004

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

ITALY MO2003A000019 01/28/2003

**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

Foreign Priority claimed 35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance Initials	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged /SCOTT M GETZOW/ Examiner's Signature			ITALY	7	72	3

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**TITLE**

Apparatus of electro-stimulation and relative data support

<b>FILING FEE RECEIVED</b> 1865	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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